

Superior Region Summary Report for the November 2003 Data Collection Period

ADULT PERFORMANCE OUTCOMES



**Broad-Based Evaluation Consumer Perception Survey** 

**AUGUST 2004** 

Prepared by:
Performance Outcomes and Quality
Improvement Unit
California Department of Mental Health (DMH)
Systems of Care
1600 9<sup>th</sup> Street
Sacramento CA 95814

#### **Purpose of this report**

The purpose of this report is to provide performance outcomes data on consumer satisfaction (using items from the 28-item Mental Health Statistics Improvement Program Consumer Perception Survey (MHSIP)) and quality of life (QOL), as measured by the California State Department of Mental Health's Adult Survey. This report is a REGIONAL summary of the Adult Survey (see Attachment A) data that were collected during the November 3-17, 2003 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County reports that are similar to this REGIONAL report can be downloaded from each county's Information Technology Web Services (ITWS) folder, which can be accessed by authorized ITWS users at <a href="https://mhhitws.cahwnet.gov/">https://mhhitws.cahwnet.gov/</a>.

# Consumer Demographic & Descriptive Items Summary Report

The following tables highlight the Adult Survey demographic items, as well as several additional descriptive items, that were reported by consumers who received services during the November 3-17, 2003, survey period and reflect aggregated Regional data. Results of these Adult Survey consumer-completed items are highlighted in yellow (missing data are highlighted in green), and exclude surveys that had all items missing on either the MHSIP portion of the Adult Survey, the QOL portion, or both. Out of 2, 080 Superior Region Adult Surveys submitted, a total of 1,432 had valid data.

## TOTAL NUMBER OF SURVEYS SUBMITTED (SUPERIOR REGION)

A total of 2,080 Adult Surveys were submitted for the Superior Region.

## **Superior Region**

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	Superior Region	2080	100.0	100.0	100.0

## **GENDER**

For the consumers who responded to the question - "What is your gender?" - 59.9% identified themselves as Female, 39.7% as Male and 0.4% as Other. Additionally, 9.5% of the consumers did not respond to this item.

## What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	776	54.2	59.9	59.9
Vallu	гептате	770	34.2	59.9	59.9
	Male	515	36.0	39.7	99.6
	Other	5	.3	.4	100.0
	Total	1296	90.5	100.0	
Missing	9	136	9.5		
Total		1432	100.0		

#### **AGE CATEGORY**

For the consumers who responded to the question – "What is your date of birth?" – 0.5% were under age 18, 10.3% were 18-25, 17.6% were 26-35, 29.6% were 36-45, 38.3% were 46-59 and 3.6% were age 60 or older. Additionally, 20.3% of the consumers did not respond to this item.

Age Category	\ge	Category
--------------	-----	----------

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 18	6	.4	.5	.5
	18-25	118	8.2	10.3	10.9
	26-35	201	14.0	17.6	28.5
	36-45	338	23.6	29.6	58.1
	46-59	437	30.5	38.3	96.4
	60+	41	2.9	3.6	100.0
	Total	1141	79.7	100.0	
Missing	System	291	20.3		
Total		1432	100.0		

#### SERVICE LENGTH

For the consumers who responded to the question — "How long have you received services here?" — 2.8% reported that it was their first visit; 4.3% reported that they had had more than one visit, but that they had received services for less than one month; 7.2% reported having received services for 1-2 months; 10.9% reported having received services for 3-5 months; 13.5% reported receiving services for 6 months to 1 year and 61.4% reported receiving services for more than one year. Additionally, 37.6% of the consumers did not respond to this item.

## How long have you received services here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	This is my first visit here	25	1.7	2.8	2.8
	> 1 visit, but < one month	38	2.7	4.3	7.1
	1 to 2 months	64	4.5	7.2	14.2
	3 to 5 months	97	6.8	10.9	25.1
	6 months to 1 year	121	8.4	13.5	38.6
	More than 1 year	548	38.3	61.4	100.0
	Total	893	62.4	100.0	
Missing	9	539	37.6		
Total		1432	100.0		

#### MEXICAN / HISPANIC / LATINO ORIGIN

On the Adult Survey, 7.3% of the consumers identified themselves as being "of Mexican / Hispanic / Latino Origin."

Are you of Mexican / Hispani	c / Latino origin?
------------------------------	--------------------

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1082	75.6	75.6	75.6
	Yes	105	7.3	7.3	82.9
	Unknown	245	17.1	17.1	100.0
	Total	1432	100.0	100.0	

#### **ETHNICITY**

Consumers were permitted to identify as many ethnic categories as they felt were applicable; therefore, each ethnic category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each ethnic category was presented as a "yes/no" option: "yes" if the consumer marked the bubble on the Adult Survey and "no" if the consumer did not mark the bubble. As such, there are no missing values for this item.

On the Adult Survey, 76.7% of the consumers identified themselves as being "White / Caucasian."

Is your race White / Caucasian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	333	23.3	23.3	23.3
	Yes	1099	76.7	76.7	100.0
	Total	1432	100.0	100.0	

On the Adult Survey, 1.8% of the consumers identified themselves as being "Black / African American."

Is your race Black / African American?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1406	98.2	98.2	98.2
	Yes	26	1.8	1.8	100.0
	Total	1432	100.0	100.0	

On the Adult Survey, 1.7% of the consumers identified themselves as being "Asian."

Is your race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1408	98.3	98.3	98.3
	Yes	24	1.7	1.7	100.0
	Total	1432	100.0	100.0	

On the Adult Survey, 12.8% of the consumers identified themselves as being "American Indian / Alaskan Native."

Is your race American Indian / Alaskan Native?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1249	87.2	87.2	87.2
	Yes	183	12.8	12.8	100.0
	Total	1432	100.0	100.0	

On the Adult Survey, 1.5% of the consumers identified themselves as being "Hawaiian / Other Pacific Islander."

Is your race Native Hawaiian / Other Pacific Islander?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1410	98.5	98.5	98.5
	Yes	22	1.5	1.5	100.0
	Total	1432	100.0	100.0	

On the Adult Survey, 7.3% of the consumers identified themselves as being "Other."

Is your race Other?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1328	92.7	92.7	92.7
	Yes	104	7.3	7.3	100.0
	Total	1432	100.0	100.0	

On the Adult Survey, 2.6% of the consumers identified themselves as being "Unknown."

Is your race Unknown?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1395	97.4	97.4	97.4
	Yes	37	2.6	2.6	100.0
	Total	1432	100.0	100.0	

#### LANGUAGE OF SURVEY

On the Adult Survey, 98.4% of the consumers responded using the English version of the Adult Survey and 1.6% used the Spanish version. *Note: The Adult Survey was only available in English and Spanish for the November 3-17, 2003, survey period.* 

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	1409	98.4	98.4	98.4
	Spanish	23	1.6	1.6	100.0
	Total	1432	100.0	100.0	

#### PREFERRED LANGUAGE

On the Adult Survey, 97.9% of the consumers responded that the services they received were provided in the language they preferred and 96.3% responded that written information was available in their preferred language. Additionally, 10.2% and 12.2% of the consumers did not respond to these items, respectively.

Were the services you received provided in the language you prefer?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	No	27	1.9	2.1	2.1
	Yes	1259	87.9	97.9	100.0
	Total	1286	89.8	100.0	
Missing	Unknown	146	10.2		
Total		1432	100.0		

Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	No	47	3.3	3.7	3.7
	Yes	1210	84.5	96.3	100.0
	Total	1257	87.8	100.0	
Missing	Unknown	175	12.2		
Total		1432	100.0		

#### PRIMARY REASON INVOLVED WITH PROGRAM

For the consumers who responded to the question – "What was the primary reason you became involved with this program?" – 48.1% reported that they decided to come in on their own, 45.3% reported that someone else recommended that they come in and 6.6% reported that they came in against their will. Additionally, 15.2% of the consumers did not respond to this item.

What was the	orimarv	reason	vou became	involved	with th	is program?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I decided to come in on my own	584	40.8	48.1	48.1
	Someone else recommended that I come in.	551	38.5	45.3	93.4
	I came in against my will.	80	5.6	6.6	100.0
	Total	1215	84.8	100.0	
Missing	9	217	15.2		
Total		1432	100.0		

#### ASSISTANCE COMPLETING SURVEY

Consumers were permitted to identify all of the individuals who assisted them in completing the Adult Survey; therefore, more than one person may have provided assistance and, due to potential overlap, the numbers will not collectively add up to 100%. Each category was presented as a "yes/no" option: "yes" if the consumer marked the bubble on the Adult Survey and "no" if the consumer did not mark the bubble. As such, there are no missing values for this item.

For the November 2003 survey period, 68.8% of the consumers responded that they did not need any help in completing the Adult Survey.

I did not need any help.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	447	31.2	31.2	31.2
	Yes	985	68.8	68.8	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 7.1% of the consumers responded that a mental health advocate / volunteer helped them complete the Adult Survey.

A mental health advocate / volunteer helped me.

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	No	1331	92.9	92.9	92.9
	Yes	101	7.1	7.1	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 2.0% of the consumers responded that another mental health consumer helped them complete the Adult Survey.

Another mental health consumer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1404	98.0	98.0	98.0
	Yes	28	2.0	2.0	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 3.8% of the consumers responded that a member of their family helped them complete the Adult Survey.

A member of my family helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1378	96.2	96.2	96.2
	Yes	54	3.8	3.8	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 2.4% of the consumers responded that a professional interviewer helped them complete the Adult Survey.

A professional interviewer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1397	97.6	97.6	97.6
	Yes	35	2.4	2.4	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 4.1% of the consumers responded that a clinician / case manager helped them complete the Adult Survey.

My clinician / case manager helped me.

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	No	1374	95.9	95.9	95.9
	Yes	58	4.1	4.1	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 5.2% of the consumers responded that a staff member other than their clinician or case manager helped them complete the Adult Survey.

A staff member other than my clinician or case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1358	94.8	94.8	94.8
	Yes	74	5.2	5.2	100.0
	Total	1432	100.0	100.0	

For the November 2003 survey period, 3.0% of the consumers responded that someone else helped them complete the Adult Survey.

Someone else helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1389	97.0	97.0	97.0
	Yes	43	3.0	3.0	100.0
	Total	1432	100.0	100.0	

## REASON WHY SURVEY NOT COMPLETED (if applicable)

County staff were expected to complete a "Reason" item if a consumer who met the criteria for the target population did not complete an Adult Survey. Of those consumers who were expected to complete an Adult Survey, but did not, 44.9% of the consumers were reported to have Refused to complete the survey, 2.5% were reported to have an Impairment, 13.8% did not have a survey available in their Language and 38.8% were marked as having an "Other" reason for not completing the survey. Additionally, 1.7% of the Adult Surveys were missing a "Reason" response.

If the instrument is not completed, the PRIMARY reason must be indicated.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	286	44.1	44.9	44.9
	Impairment	16	2.5	2.5	47.4
	Language	88	13.6	13.8	61.2
	Other	247	38.1	38.8	100.0
	Total	637	98.3	100.0	
Missing		11	1.7		
Total		648	100.0		

# **MHSIP Consumer Survey**

Summary Report

## **About the MHSIP Consumer Survey**

The MHSIP is a 28-item consumer-completed survey designed to obtain participant perceptions of 1) access to services, 2) quality and appropriateness of services received, 3) consumer participation in treatment planning, 4) service outcomes and 5) general satisfaction. The MHSIP was developed through the collaborative efforts of the federally funded Mental Health Statistics Improvement Program (<a href="www.mhsip.org">www.mhsip.org</a>), and included the direct assistance and feedback of consumers and their families, as well as advocates for mental health services. The MHSIP Consumer Survey is currently used in a number of states across the United States.

It is important to remember that the ratings on the MHSIP represent a participant's perceptions. Some data exist to suggest that satisfaction with services, in and of itself, does not necessarily correlate with outcomes. However, the MHSIP provides a good source of information to ensure that consumers have the opportunity to shape and improve their services.

The following tables present REGIONAL data that were collected and aggregated from the MHSIP portion of the November 2003 Adult Survey. The MHSIP items are rated on a five-point scale, with "5" indicating the greatest satisfaction.

The items that comprise each of the MHSIP subscales (i.e., access to services, quality and appropriateness of services received, consumer participation in treatment planning, service outcomes and general satisfaction) were averaged and then grouped into the following categories:

1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral',

3.5001 - 4.5 = 'Satisfied' and 4.5001 - 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates that consumers were satisfied.

Additionally, the average scores for each of the MHSIP subscales are also reported below.

For the tables reflecting categorical groupings of the MHSIP averages and the MHSIP subscale averages, total frequencies may differ depending on how well consumers completed the items on the Adult Survey that comprised each scale's calculation. Averages were only calculated for those Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have data missing). The results are highlighted in yellow (incomplete and/or missing data are highlighted in green).

#### PERCEPTION OF ACCESS TO SERVICES

For the consumers who completed at least 2/3 of the items that comprise the "Perception of Access to Services" subscale, 32.3% reported that they were Very Satisfied, 46.8% reported they were Satisfied, 16.9% were Neutral, 3.6% were Somewhat Dissatisfied and 0.4% were Dissatisfied. Additionally, 3.7% of the data on this subscale had at least 1/3 of the items missing.

Perception of	f	Access	to	Services
---------------	---	--------	----	----------

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	6	.4	.4	.4
	Somewhat Dissatisfied	49	3.4	3.6	4.0
	Neutral	233	16.3	16.9	20.9
	Satisfied	645	45.0	46.8	67.7
	Very Satisfied	446	31.1	32.3	100.0
	Total	1379	96.3	100.0	
Missing	System	53	3.7		
Total		1432	100.0		

## PERCEPTION OF QUALITY & APPROPRIATENESS

For the consumers who completed at least 2/3 of the items that comprise the "Perception of Quality and Appropriateness" subscale, 31.8% reported that they were Very Satisfied, 50.2% reported they were Satisfied, 16.3% were Neutral, 1.6% were Somewhat Dissatisfied and 0.1% were Dissatisfied. Additionally, 5.9% of the data on this subscale had at least 1/3 of the items missing.

#### Perception of Quality & Appropriateness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	2	.1	.1	.1
	Somewhat Dissatisfied	21	1.5	1.6	1.7
	Neutral	220	15.4	16.3	18.0
	Satisfied	676	47.2	50.2	68.2
	Very Satisfied	428	29.9	31.8	100.0
	Total	1347	94.1	100.0	
Missing	System	85	5.9		
Total		1432	100.0		

#### PERCEPTION OF TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the "Perception of Treatment Planning" subscale, 25.9% reported that they were Very Satisfied, 44.0% reported they were Satisfied, 24.3% were Neutral, 4.8% were Somewhat Dissatisfied and 1.0% were Dissatisfied. Additionally, 10.5% of the data on this subscale had at least 1/3 of the items missing.

## **Perceptions of Treatment Planning**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	13	.9	1.0	1.0
	Somewhat Dissatisfied	62	4.3	4.8	5.9
	Neutral	311	21.7	24.3	30.1
	Satisfied	564	39.4	44.0	74.1
	Very Satisfied	332	23.2	25.9	100.0
	Total	1282	89.5	100.0	
Missing	System	150	10.5		
Total		1432	100.0		

#### **OUTCOMES**

For the consumers who completed at least 2/3 of the items that comprise the "Outcomes" subscale, 17.3% reported that they were Very Satisfied, 43.7% reported they were Satisfied, 30.6% were Neutral, 7.2% were Somewhat Dissatisfied and 1.2% were Dissatisfied. Additionally, 8.0% of the data on this subscale had at least 1/3 of the items missing.

#### **Outcomes**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	16	1.1	1.2	1.2
	Somewhat Dissatisfied	95	6.6	7.2	8.4
	Neutral	403	28.1	30.6	39.0
	Satisfied	576	40.2	43.7	82.7
	Very Satisfied	228	15.9	17.3	100.0
	Total	1318	92.0	100.0	
Missing	System	114	8.0		
Total		1432	100.0		

#### **GENERAL SATISFACTION**

For the consumers who completed at least 2/3 of the items that comprise the "General Satisfaction" subscale, 42.8% reported that they were Very Satisfied, 41.8% reported they were Satisfied, 12.1% were Neutral, 2.6% were Somewhat Dissatisfied and 0.7% were Dissatisfied. Additionally, 2.5% of the data on this subscale had at least 1/3 of the items missing.

Gen	eral	Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	10	.7	.7	.7
	Somewhat Dissatisfied	36	2.5	2.6	3.3
	Neutral	169	11.8	12.1	15.4
	Satisfied	584	40.8	41.8	57.2
	Very Satisfied	597	41.7	42.8	100.0
	Total	1396	97.5	100.0	
Missing	System	36	2.5		
Total		1432	100.0		

#### AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the consumers who completed at least 2/3 of the items that comprise each of the subscales. Respondents indicated that, overall, they were "Satisfied" with their Access to Services (indicated by a subscale score of 4.10; 1,379 responses), the Quality & Appropriateness of their treatment (indicated by a subscale score of 4.10; 1,347 responses), their Participation in Treatment Planning (indicated by a subscale score of 4.05; 1,282 responses), their Outcomes (indicated by a subscale score of 3.71; 1,318 responses) and were Generally Satisfied with their services (indicated by a subscale score of 4.23; 1,396 responses).

### **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	1379	1.00	5.00	4.10	.74
Average: Perception of Quality & Appropriateness	1347	1.00	5.00	4.10	.68
Average: Perception of Treatment Planning	1282	1.00	5.00	4.05	.81
Average: Outcomes	1318	1.00	5.00	3.71	.81
General Satisfaction	1396	1.00	5.00	4.23	.77
Valid N (listwise)	1221				

# **Quality of Life (QOL)**

**Summary Report** 

## **About the QOL**

The QOL is designed to measure quality of life from a consumer's self-reported perspective. The subscales measured include: general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety, and health.

It is important to remember that the ratings on the QOL represent a consumer's perceptions. A variety of factors can affect a consumer's quality of life and many of these are out of the control of service providers. However, in our efforts to continually improve services, the QOL can be used as a source of information on issues that are important to consumers.

The following tables present REGIONAL data that were collected and aggregated from the QOL portion of the November 2003 Adult Survey. Most of the QOL items are rated on a seven-point scale, with "7" indicating the greatest satisfaction regarding their quality of life. Some of the results reflect the frequency reported for particular QOL items while others reflect averages of the items that comprise each of the QOL subscales (i.e., general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety, and health). Using the seven-point response options as a guide, the QOL subscale results can be interpreted using the following: 1.0 - 3.9 = 'Dissatisfied', 4.0 - 4.9 = 'Mixed' and 5.0 - 7.0 = 'Satisfied'. As a general guideline, an overall scale score over 5.0 indicates that consumers were satisfied. For the tables reflecting the QOL subscale averages, total frequencies may differ depending on how well consumers completed the items on the Adult Survey that comprised each scale's calculation. Averages were only calculated for those Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have data missing).

All QOL results are highlighted in yellow (incomplete and/or missing data are highlighted in green).

#### GENERAL LIFE SATISFACTION

For the consumers who responded to the question — "How do you feel about your life in general?" — 6.4% were Delighted, 13.6% were Pleased, 22.2% were Mostly Satisfied, 35.0% were Mixed, 8.8% were Mostly Dissatisfied, 10.1% were Unhappy and 3.8% were Terrible. Additionally, 8.2% of the consumers did not respond to this item.

	QOL_1. How do you feel about your life in general?									
					Cumulative					
		Frequency	Percent	Valid Percent	Percent					
Valid	Terrible	50	3.5	3.8	3.8					
	Unhappy	133	9.3	10.1	13.9					
	Mostly Dissatisfied	116	8.1	8.8	22.8					
	Mixed	460	32.1	35.0	57.8					
	Mostly Satisfied	292	20.4	22.2	80.0					
	Pleased	179	12.5	13.6	93.6					
	Delighted	84	5.9	6.4	100.0					
	Total	1314	91.8	100.0						
Missing	9	118	8.2							
Total		1432	100.0							

QOL 1. How do you feel about your life in general?

#### LIVING SITUATION

For the consumers who completed at least 2/3 of the items that comprise the "Living Situation" subscale, an average score of 4.72 (1,333 responses) was calculated, indicating "Mixed" feelings regarding living situation.

#### **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Living Situation	1333	1.00	7.00	4.72	1.46
Valid N (listwise)	1333				

#### **DAILY ACTIVITIES & FUNCTIONING**

For the consumers who completed at least 2/3 of the items that comprise the "Daily Activities & Functioning" subscale, an average score of 4.38 (1,330 responses) was calculated, indicating "Mixed" feelings regarding daily activities & functioning.

#### **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Daily Activities & Functioning	1330	1.00	7.00	4.38	1.36
Valid N (listwise)	1330				

#### **FAMILY RELATIONS**

For the consumers who responded to the question – "In general, how often do you get together with a member of your family?" – 31.8% reported At Least Once a Day, 20.0% reported At Least Once a Week, 12.6% reported At Least Once a Month, 15.7% reported Less than Once a Month, 15.5% reported Not At All and 4.4% reported No Family / Not Applicable. Additionally, 12.2% of the consumers did not respond to this item.

QOL\_4. In general, how often do you get together with a member of your family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	195	13.6	15.5	15.5
	Less than once a month	197	13.8	15.7	31.2
	At least once a month	159	11.1	12.6	43.8
	At least once a week	251	17.5	20.0	63.8
	At least once a day	400	27.9	31.8	95.6
	No family / Not applicable	55	3.8	4.4	100.0
	Total	1257	87.8	100.0	
Missing	9	175	12.2		
Total		1432	100.0		

## Average Quality of Life Indicator: Family Relations

For the consumers who completed at least 2/3 of the items that comprise the "Family Relations" subscale, an average score of 4.54 (1,236 responses) was calculated, indicating "Mixed" feelings regarding family relations.

#### **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Family Relations	1236	1.00	7.00	4.54	1.62
Valid N (listwise)	1236				

#### **SOCIAL RELATIONS**

For the consumers who responded to the question – "About how often do you visit with someone who does not live with you?" – 23.2% reported At Least Once a Day, 37.2% reported At Least Once a Week, 16.2% reported At Least Once a Month, 8.9% reported Less than Once a Month, 11.9% reported Not At All and 2.6% reported Not Applicable. Additionally, 9.8% of the consumers did not respond to this item.

QOL\_6A. About how often do you visit with someone who does not live with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	154	10.8	11.9	11.9
	Less than once a month	115	8.0	8.9	20.8
	At least once a month	209	14.6	16.2	37.0
	At least once a week	480	33.5	37.2	74.1
	At least once a day	300	20.9	23.2	97.4
	Not applicable	34	2.4	2.6	100.0
	Total	1292	90.2	100.0	
Missing	9	140	9.8		
Total		1432	100.0		

For the consumers who responded to the question – "About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?" – 29.2% reported At Least Once a Day, 17.7% reported At Least Once a Week, 6.3% reported At Least Once a Month, 5.6% reported Less than Once a Month, 27.0% reported Not At All and 14.1% reported Not Applicable. Additionally, 13.0% of the consumers did not respond to this item.

QOL\_6B. About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	336	23.5	27.0	27.0
	Less than once a month	70	4.9	5.6	32.6
	At least once a month	79	5.5	6.3	38.9
	At least once a week	221	15.4	17.7	56.7
	At least once a day	364	25.4	29.2	85.9
	Not applicable	176	12.3	14.1	100.0
	Total	1246	87.0	100.0	
Missing	9	186	13.0		
Total		1432	100.0		

#### **Average Quality of Life Indicator: Social Relations**

For the consumers who completed at least 2/3 of the items that comprise the "Social Relations" subscale, an average score of 4.47 (1,247 responses) was calculated, indicating "Mixed" feelings regarding social relations.

#### **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Social Relations	1247	1.00	7.00	4.47	1.34
Valid N (listwise)	1247				

#### **FINANCES**

On the Adult Survey, 76.9% of the consumers reported that they generally had enough money to cover food expenses. Additionally, 7.9% of the consumers did not respond to this item.

QOL\_8A. During the past month, did you generally have enough money to cover food?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No				
valiu	No	305	21.3	23.1	23.1
	Yes	1014	70.8	76.9	100.0
	Total	1319	92.1	100.0	
Missing	9	113	7.9		
Total		1432	100.0		

On the Adult Survey, 63.2% of the consumers reported that they generally had enough money to cover clothing expenses. Additionally, 8.7% of the consumers did not respond to this item.

QOL\_8B. During the past month, did you generally have enough money to cover clothing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	481	33.6	36.8	36.8
	Yes	827	57.8	63.2	100.0
	Total	1308	91.3	100.0	
Missing	9	124	8.7		
Total		1432	100.0		

On the Adult Survey, 83.0% of the consumers reported that they generally had enough money to cover housing expenses. Additionally, 8.2% of the consumers did not respond to this item.

QOL\_8C. During the past month, did you generally have enough money to cover housing?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	No	224	15.6	17.0	17.0
	Yes	1090	76.1	83.0	100.0
	Total	1314	91.8	100.0	
Missing	9	118	8.2		
Total		1432	100.0		

On the Adult Survey, 63.1% of the consumers reported that they generally had enough money to cover transportation expenses. Additionally, 8.9% of the consumers did not respond to this item.

QOL\_8D. During the past month, did you generally have enough money to cover traveling around for things like shopping, medical appointments, or visiting friends and relatives?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	482	33.7	36.9	36.9
	Yes	823	57.5	63.1	100.0
	Total	1305	91.1	100.0	
Missing	9	127	8.9		
Total		1432	100.0		

On the Adult Survey, 42.9% of the consumers reported that they generally had enough money to cover social activity expenses. Additionally, 9.3% of the consumers did not respond to this item.

QOL\_8E. During the past month, did you generally have enough money for social activities like movies or eating in restaurants?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	742	51.8	57.1	57.1
	Yes	557	38.9	42.9	100.0
	Total	1299	90.7	100.0	
Missing	9	133	9.3		
Total		1432	100.0		

#### **LEGAL & SAFETY**

For the November 2003 survey period, 94.4% of the consumers reported that they were NOT a victim of any violent crimes in the month prior to completing the Adult Survey. Additionally, 8.2% of the consumers did not respond to this item.

QOL\_9A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?

		Frequency				
Valid	No	1241	86.7	94.4	94.4	
	Yes	73	5.1	5.6	100.0	
	Total	1314	91.8	100.0		
Missing	9	118	8.2			
Total		1432	100.0			

For the November 2003 survey period, 86.4% of the consumers reported that they were NOT a victim of any non-violent crimes in the month prior to completing the Adult Survey. Additionally, 8.2% of the consumers did not respond to this item.

QOL\_9B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?

		Eroguanav	Percent	Valid Percent	Cumulative Percent
		Frequency	reiceiil	Valid Fercerit	Fercent
Valid	No	1136	79.3	86.4	86.4
	Yes	179	12.5	13.6	100.0
	Total	1315	91.8	100.0	
Missing	9	117	8.2		
Total		1432	100.0		

For the November 2003 survey period, 97.8% of the consumers reported that they had NOT been arrested for any crimes in the month prior to completing the Adult Survey. Additionally, 9.7% of the consumers did not respond to this item.

QOL\_10. In the past month, how many times have you been arrested for any crimes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No arrests	1265	88.3	97.8	97.8
	1 arrest	21	1.5	1.6	99.5
	2 arrests	2	.1	.2	99.6
	3 arrests	1	.1	.1	99.7
	4 or more arrests	4	.3	.3	100.0
	Total	1293	90.3	100.0	
Missing	9	139	9.7		
Total		1432	100.0		

#### **Average Quality of Life Indicator: Legal & Safety**

For the consumers who completed at least 2/3 of the items that comprise the "Legal & Safety" subscale, an average score of 4.94 (1,308 responses) was calculated, indicating "Mixed" feelings regarding legal & safety issues.

**Descriptive Statistics** 

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Legal & Safety	1308	1.00	7.00	4.94	1.34
Valid N (listwise)	1308				

## HEALTH

For the consumers who completed at least 2/3 of the items that comprise the "Health" subscale, an average score of 3.94 (1,318 responses) was calculated, indicating "Dissatisfied" with health status.

## **Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Health	1318	1.00	7.00	3.94	1.52
Valid N (listwise)	1318				





#### **Attachment A**



## **ADULT SURVEY**

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your** 

choice.	Please fill in the circle completely.			Incorrect		
Ap	proximately, how long have you received ser					

O This is my first visit here.

○ 1 - 2 Months

O More than 1 year

○ I have had more than one visit but I have received services for less than one month.

3 - 5 Months6 months to 1 year

# **MHSIP Consumer Survey\*:**

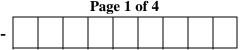
Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

<b>Applicable</b> to indicate that this item does not apply to you.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	0	10/	20/	/ /0	10	0
2. If I had other choices, I would still get services from this agency.		//o/	19	/9	70/	0
3. I would recommend this agency to a friend or family member.	6//	//9 /	10	P		0
4. The location of services was convenient (parking, public transportation, distance, etc.).		1 1/4/	/0/	0	0	0
5. Staff were willing to see me as often as I felt it was necessary.	0/	/ 9/		0	0	0
6. Staff returned my calls within 24 hours.	0/ /	16	0	0	0	0
7. Services were available at times that were good for me.		0	0	0	0	0
8. I was able to get all the services I thought I needed.	0	0	0	0	0	0
9. I was able to see a psychiatrist when I wanted to.	0	0	0	0	0	0
10. Staff here believe that I can grow, change and recover.	0	0	0	0	0	0
11. I felt comfortable asking questions about my treatment and medication.	0	0	0	0	0	0
12. I felt free to complain.	0	0	0	0	0	0
13. I was given information about my rights.	0	0	0	0	0	0
<ol><li>Staff encouraged me to take responsibility for how I live my life.</li></ol>	0	0	0	0	0	0
15. Staff told me what side effects to watch out for.	0	0	0	0	0	0
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	0	0	0	0	0	0
17. I, not staff, decided my treatment goals.	0	0	0	0	0	0
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	0	0	0	0	0	0
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	0	0	0	0	0	0
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	0	0	0	0	0	0

\*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.







Version 9/22/03





a direct result of the services I received;	Stro Agi		Agree	I am Neutral	Disagree	Stroi Disa	ıgly gree Aj	Not pplicable
I deal more effectively with daily problems.	C	)	0	0	0		_	0
I am better able to control my life.	C	)	0	0	0	C	)	0
I am better able to deal with crisis.	C	)	0	0	0	C	)	0
I am getting along better with my family.	C	)	0	0	0	C	)	0
I do better in social situations.	C	)	0	0	0	C	)	0
I do better in school and /or work.	C	)	0	0	0	C	)	0
My housing situation has improved.	C	)	0	0	0	V	)	0
My symptoms are not bothering me as much.	C	)	0	0	0	d	3	0
Please provide comments here and /or on the back of We are interested in both positive and negative feedback	this fo ck.	rm, if ne	eded.		/	1	7	
			5	<u> </u>				
			\ \	$\bigcap \bigcap \bigcap$	\ \	//		
Quality o	AT i	fe O	nesti	ons.		7		
e answer each of the following questions by filling in the	e circle	that be	t descril	bes your exp	erience or question d	how you	feel. Ple	ase fill in ou.
eral Life Satisfaction	/	<del></del>	nhaopy	Mostly	Mirad I	Mostly		Delighted
ow do you feel about your life in general?	/c		0	0	0	0	0	0
ng Situation	7							
hink about your current living situation.		ک •••• •••	,	Mostly	I	Mostly	Dl J	D 11 1 1
ow do you feel about:	1 er	ndie U	nnappy .	Dissatisfied			rieaseu	Dengntea
						ausneu		
A. The living arrangements where you live?	C	)	0	0	0		0	0
B. The privacy you have there?				0			0	0
<ul><li>B. The privacy you have there?</li><li>C. The prospect of staying on where you currently live for a long period of time?</li></ul>		)	0		0	0		
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning	C	)	0	0	0 0	0 0	0	0
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:	(	)	0	0	O O	0	0	0
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time. How do you feel about:  A. The way you spend your spare time?	Te	)	0 0	O Mostly	O O	O O	0	0
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:	Te	) Trible U	O O O O O O O O O O O O O O O O O O O	Mostly Dissatisfied	O O Mixed S	Mostly Satisfied	O Pleased	O Delighted
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful	Te	nible U	O O O O O O O O O O O O O O O O O O O	Mostly Dissatisfied	O O O Mixed S	Mostly Satisfied	O Pleased	O Delighted
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?	Te	nible U	O O O O O O O O O O O O O O O O O O O	Mostly Dissatisfied	Mixed S	Mostly Satisfied	Pleased  O	O Delighted
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?	Te	nible U	O O O O O O O O O O O O O O O O O O O	Mostly Dissatisfied	Mixed S	Mostly satisfied	Pleased  O O	Delighted
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?  hily n general, how often do you get together with a member	Te	nible U	o o o o o o o o o o o o o o o o o o o	Mostly Dissatisfied	Mixed S	Mostly satisfied	Pleased  O O	Delighted
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?    Illy	Te	mible U	onhappy o oly? all nnily / no	Mostly Dissatisfied  O O O O O O O O O O O O O O O O O O	Mixed S	Mostly Satisfied	Pleased  O O	Delighted  O O O
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?    Illy	Te	mible U	onhappy o oly? all nnily / no	Mostly Dissatisfied  O O O O O O O O O O O O O O O O O O	Mixed S	Mostly Satisfied	Pleased  O O	Delighted  O O O
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?    Illy     O at least once a day   O at least once a month     O at least once a week   O less than once a month     O at least once a month	Te of yo	mible U	ohnhappy ohy? all nily / no	Mostly Dissatisfied  O O O O O O O O O O O O O O O O O O	Mixed S	Mostly Satisfied	Pleased  O O	Delighted  O O O O O O O O O O O O O O O O O O
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?    Illy	Te of your tible	ntible U	Jnhappy  Jnhappy  Jnhappy  Jnhappy  Jnhappy  Jnhappy  Most	Mostly Dissatisfied  O O Ot applicable	Mixed S  Mostly Satisfied	Mostly Satisfied  O O O O O O O O O O O O O O O O O O	Pleased  O O O Delighted	Delighted  O  Not Applicable
B. The privacy you have there?  C. The prospect of staying on where you currently live for a long period of time?  y Activities & Functioning hink about how you spend your spare time.  How do you feel about:  A. The way you spend your spare time?  B. The chance you have to enjoy pleasant or beautiful things?  C. The amount of fun you have?  D. The amount of relaxation in your life?    Illy	Te of your tible	orible U	O O Inhappy O O O Ily? all nily / no Most Dissati	Mostly Dissatisfied  O O O O O O O O O O O O O O O O O O	Mixed S  Mostly Satisfied	Mostly Satisfied  O O O O O O O O O O O O O O O O O O	Pleased  O O O O O Delighted	Delighted  O  Not Applicable
	I deal more effectively with daily problems. I am better able to control my life. I am better able to deal with crisis. I am getting along better with my family. I do better in social situations. I do better in school and /or work. My housing situation has improved. My symptoms are not bothering me as much. Please provide comments here and /or on the back of We are interested in both positive and negative feedback answer each of the following questions by filling in the one circle for each question. For some questions you retal Life Satisfaction ow do you feel about your life in general?  Ing Situation hink about your current living situation.	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this for We are interested in both positive and negative feedback.  Please provide comments here and negative feedback.  Please provide and negative feedback.  Please provide comments here and negative feedback.	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this form, if new we are interested in both positive and negative feedback.  Quality of Life Comments have an equestions by filling in the circle that be one circle for each question. For some questions you may choose we have the comments about your life in general?  I do better in school and /or work.  O manually the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question. Tends to the circle that be one circle for each question is given by the circle that be one circle for each question. For some questions you may choose we have the circle that be one circle for each question.	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this form, if needed.  We are interested in both positive and negative feedback.  Quality of Life Question on the circle that best description on the circle that best description on the circle for each question. For some questions by filling in the circle that best description on the circle for each question.  Please provide comments here and /or on the back of this form, if needed.  We are interested in both positive and negative feedback.  Plantage Company  Tentible Uniappy  Tentible Uniappy  Interested Inhance  Inhan	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this form, if needed.  We are interested in both positive and negative feedback.  Quality of Life Questions:  e answer each of the following questions by filling in the circle that best describes your exponencial for each question. For some questions you may choose No. Applicable if the cral Life Satisfaction  Tenjible Unhappy Dissatisfied  on do you feel about your life in general?  In a Situation  Mostly  Mostly  Taysible Unhappy Mostly  Mostly  Taysible Unhappy Mostly  Mostly	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this form, if needed.  We are interested in both positive and negative feedback.  Quality of Life Questions:  answer each of the following questions by filling in the circle that best describes your experience or one circle for each question. For some questions you may choose Not Applicable if the question described by the property of the property	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this form, if needed.  We are interested in both positive and negative feedback.  Quality of Life Questions:  e answer each of the following questions by filling in the circle that best describes your experience or how you one circle for each question. For some questions, you may choose Not Applicable if the question does not a constant of the following filling in the circle that best describes your experience or how you one circle for each question. For some questions, you may choose Not Applicable if the question does not a constant of the following filling in the circle that best describes your experience or how you one circle for each question. For some questions, you may choose Not Applicable if the question does not a constant of the following filling in the circle that best describes your experience or how you one circle for each question. For some questions, you may choose Not Applicable if the question does not a constant of the following filling in the circle that best describes your experience or how you one circle for each question. For some questions, you may choose Not Applicable if the question does not a constant of the following filling in the circle that best describes your experience or how you one circle for each question.  Tarrible Unhappy Mostly Mixed Mostly with the circle that the property of the filling in the circle that the property of the filling in the circle that the property of the filling in the circle that the property of the filling in the circle that the property of the filling in the circle that the property of the filling in the circle that the property of the filling in the circle that the property of the fillin	I deal more effectively with daily problems.  I am better able to control my life.  I am better able to deal with crisis.  I am getting along better with my family.  I do better in social situations.  I do better in school and /or work.  My housing situation has improved.  My symptoms are not bothering me as much.  Please provide comments here and /or on the back of this form, if needed.  We are interested in both positive and negative feedback.  Quality of Life Questions:  e answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please one circle for each question. For some questions you may choose Not Applicable if the question does not apply to you feel about your life in general?  Tenible Unhappy Mostly Dissatisfied Mixed Mostly Pleased one Situation  Tenible Unhappy Mostly Dissatisfied Mostly Pleased Mostly your current living situation hink about your current living situation Tenible Unhappy Mostly Dissatisfied Mixed Mostly Pleased

Social Relations								
6. About how often do you do the following?								
	ou? at least once a less than once		l		not at al not appl			
	e than a frien at least once less than onc	a month <sup>*</sup>		٠ ٥	nd or a gin not at al not appl	l		
7. How do you feel about:	Terrible	Unhappy	Mostly Dissatis	y fied Mix	ed <mark>M</mark> os Satisf	tly Please	i₁ Delighted	Not Applicable
A. The things you do with other people?	0	0	0	0		0	\ 0	0
B. The amount of time you spend with other people	ple? O	0	0	Q	10	105	0	0
C. The people you see socially?		0	0			6	<b>b</b>	0
D. The amount of friendship in your life?	0	9/	0	$_{\approx}$ $^{\circ}$	1 p	d	0	0
Finances 8. During the past month, did you generally have eno following items?	ugh money to	o cover th	No	Yes				}
A. Food?	, \	1//////	, \ 0	0	/			
B. Clothing?			// /0	/ 0/	,			
C. Housing?		1 //	1/4	0	7			
D. Traveling around for things like shopping, r	nedical appoi	ntinents, o	or o	0				
visiting friends and relatives?  E. Social activities like movies or eating in resta	urants?		0	0				
Legal & Safety								
9. In the past MONTH, were you a victim of:			No	Yes				
A. Any violent crimes such as assault, rape, mugg	ging or robbe	ry?	0	0				
B. Any nonviolent crimes such as burglary, theft or money, or being cheated?	of your prop	erty	0	0				
10. In the past MONTH, how many times have you b	een arrested	for any cr	imes?					
○ No arrests ○ 1 arrest ○ 2 arrests	O 3 arrests	0 4	or more					
11. How do you feel about:	Teni	ble Unha		Mostly satisfied	Mixed	Mostly Satisfied	Pleased 1	Delighted
A. How safe you are on the streets in your neighb	borhood? 🔾	O		0	0	0	0	0
B. How safe you are where you live?	0	0	)	0	0	0	0	0
C. The protection you have against being robbed or attacked?	l o	0	)	0	0	0	0	0
<b>Health</b>								

Terrible

0

0

0

Unhappy

0

0

0

12. How do you feel about:

Your health in general?

Your physical condition?

Your emotional well-being?

A.

B.

Page 3 of 4 25577

Mostly

Dissatisfied

0

0

0

Mixed

0

0

0

Version 9/22/03

Mostly

Satisfied

0

0

0

Pleased

0

0

0

Delighted

0

0

0

Please answer the following questions to let us know a little about you.	
1. What is your gender? O Female O Male O Other	
2 Are you of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your race? (Please check all that apply.)  O White / Caucasian O Black / African American O Asian O O Other  O Unknown O Unknown O Other	
4. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)  Date of Birth (mm-dd-yyyy)	
5. Were the services you received provided in the language you prefer? Yes O No	
Was written information (e.g., brochures describing available services) your rights as a consumer, and mental health education materials available to you in the language you prefer?  Yes ONO	
What was the primary reason you became involved with this program? (choose one)  I decided to come in on my own.  Someone else recommended that I come in.  I came in against my will.	
<ul> <li>Please identify who helped you complete any part of this survey (choose all that apply):</li> <li>I did not need any help.</li> <li>A professional interviewer helped me.</li> <li>My clinician / case manager helped me.</li> <li>A staff member of this survey (choose all that apply):</li> <li>A professional interviewer helped me.</li> <li>My clinician / case manager helped me.</li> <li>A staff member other than my clinician or case manager helped</li> <li>Someone else helped me.</li> </ul>	m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3  County Question #1: 001 02 003 04 005 006 007 008 009 010  County Question #1: 001 002 003 004 005 006 007 008 009 010	
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 2 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 2 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
County Question #2: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
O Ref O Imp O Lan O Oth	

Page 4 of 4

25577 Version 9/22/03